

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 8-20-03.

I. DISPUTE

Whether there should be reimbursement for CPT codes 97110 and 97113 rendered from 9-9-02 through 9-20-02 in the amount of \$1009.00.

II. FINDINGS & RATIONALE

The respondent denied reimbursement for physical therapy services based upon “F – Submitted documentation does not support or meet the criteria for one-on one therapy that is identified in the Fee Guidelines Ground Rules and/or CPT code descriptor for reimbursement.”

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
9-9-02 9-18-02	97110 (4 units)	\$140.00	\$0.00	F	\$35.00/15 min	Medicine GR (I)(A)(9)(b)	SOAP notes do not support exclusive one to one supervised treatment per MFG. No reimbursement is recommended.
9-20-02	97110 (3 units)	\$105.00					
9-9-02 9-18-02 9-20-02	97113 (4 units)	\$208.00	\$0.00	F	\$52.00/15 min		

III. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is not** entitled to reimbursement for CPT codes 97110 and 97113.

The above Findings and Decision are hereby issued this 30th day of January 2004.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division